

BOBBY JINDAL GOVERNOR

ROBERT J. BARHAM SECRETARY

DEPARTMENT OF WILDLIFE AND FISHERIES OFFICE OF SECRETARY Sports License

APPLICATION FOR DEVELOPMENTALLY DISABLED FISHING AND/OR HUNTING LICENSE

LICENSE TYPE:FISHING	HUNTING	
NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER()	DATE OF BIR	RTH
DRIVER'S LICENSE # (A copy of your current Louisiana Driver's License this application).	SOCIAL SECU	RITY #na Identification card must accompany
HUNTER CERTIFICATION # (required for hunti	ing license if born 9-1-69 o	or later)
SIGNATURE OF APPLICANT: (I hereby certify that I have resided in Louisiana requirements outlined in R.S. 56.8. Proof may be in t vehicle registration, certification by guardian or care g	for the immediate prior 12 he form of driver's license of	months and that I meet all other residency guardian or caregiver, voter's registration card
********* I hereby certify that I have personally examined the as defined in R.S. 28:751 (see reverse side). Deve cerebral palsy, down syndrome, spina bifida, and multiple syndrome.	lopmentally Disabled may in	certify that he/she is developmentally disabled
Physician's Name(please type or print)	Telepl	none #_()
Physician's Signature	Date _	
Physician's Number		